

REMARKS

Claims 1-108 are pending. Reconsideration and allowance of the claims in light of the amendments and remarks herein are respectfully requested. Support for the above amendments may be found within the entirety of the specification, and particularly at pages 29-31.

Applicants thank Examiners Frenel and Thomas for the opportunity to review by telephone on September 4, 2003, the cited references, pending rejections and amendments herein. An Interview Summary recording the substance of the telephone interview was prepared and entered by Examiner Frenel and mailed on September 8, 2003.

Rejection Under 35 U.S.C. § 103

Pending claims 1-108 are directed to a claims data analysis toolkit ("CDA Toolkit") including methods, apparatuses, and systems for claims data analysis, and a computer-readable medium containing instructions for claims data analysis. The CDA toolkit includes determining a best practice associated with processing a plurality of claims, based on a loss economic opportunity associated with the processing of the plurality of claims. Applicants respectfully submit that the pending claims are not obvious in view of the cited references.

Summary of Claimed Invention

The CDA toolkit may be used to evaluate optimal claim handling in a claims auditing process to determine the economic impact of an overall claims handling process. (Abstract; Page 4). With the CDA Toolkit, questionnaires may be created and used to associate responses to specific practices invoked during the claims handling process. A calculation of a loss economic opportunity also may be determined based on a failure to use the best practices. (Page 4). The CDA Toolkit may be used to analyze a particular type of claim, per claim phase, or an entire claims handling process. The CDA Toolkit provides a measure for auditing the claims handling

process to determine a loss economic opportunity where the loss economic opportunity is based on the best practices invoked.

The Cited Art Does Not Teach or Fairly Suggest The Claimed Invention

Applicants respectfully submit that the combination of Hammond et al., U.S. Pat. No. 5,712,984 (“Hammond”), Moore et al., U.S. Pat. No. 5,930,759 (“Moore”), and Little, et al. U.S. Pat. No. 5,359,509 (“Little”) do not teach the limitations of claim 1. The method for claims data analysis includes “receiving information associated with a plurality of processed claims,” “selecting at least one best practice from a predetermined set of best practices associated with a claims handling process,” “determining a loss economic opportunity” and “determining a best practice associated with processing the plurality of claims based on the loss economic opportunity.” The cited combination does not disclose or suggest the limitations of claim 1.

As described in applicant’s Response filed on February 27, 2003, the cited combination relates to processing claims and claim administration. Hammond relates to a system for using data to create statistical models to predict future worker’s compensation claims. (Fig. 1; col. 3, ll. 36-40). Hammond teaches reviewing active claims to determining summary statistics such as means, variances, maximums, and minimums from variables and flagging improper values. (col. 4, ll. 18-22, and col. 6, ll. 17-23). Hammond does not disclose or suggest determining loss economic opportunity including the cost associated with processing a claim. Moore relates to a network for processing health care data transactions and insurance claims. (Fig. 1; col. 4, ll. 43-45). Little relates to a computer system that reviews and adjudicates medical health care payment requests to determine whether to honor the request. (Abstract; col. 6, ll. 44-47). The cited combination does not relate to reviewing a claims handling process more completely in order to given an insurance company an idea of what company practices are beneficial, or

whether the amount claims paid out on the claims were appropriate as described for the present invention. (page 1).

The Official Action suggest that the cited combination identifies characteristics that have greatest effect on claim cost, where review methods are used to analyze claims to determine how to minimize claim cost for a particular claim type. As discussed, the cited combination relates to reviewing information specific to a specific open claim or claims for providing “advice to the medical analysts for recommended disposition of the payment requests.” (Little, col. 17, ll. 21-36) The information includes a date of a procedure, request number, date of request, patient information, type of procedure, procedure code, dollar amount of the request, the eligible dollar amount, and the reason code. The cited combination does not disclose that the characteristics relate to a processed claim. Furthermore, the cited combination does not disclose that the characteristic include “a cost associated with processing the plurality of claims.”


The cited combination also does not disclose selecting a best practice from a predetermined set of best practices. As discussed above, Little generates reason codes for a recommended disposition of the payment request, but those reason codes do not include practices or a predetermined set of best practices associated with a claims handling process. Accordingly, Applicants respectfully request reconsider of the rejection of claim 1.

Claims 28, 55, and 82 have been rejected for the same reasons suggested for claim 1. Therefore, for the reasons presented above for claim 1, the cited combination also does not disclose or suggest these limitations of independent claims 28, 55, and 82. Because the cited art does not disclose or fairly suggest the limitations of independent claims 1, 28, 55, and 82, the prior art also does not disclose the limitations of the claims dependent therefrom. Claims 2, 29, 56, and 83 are amended to correct minor errors.

In view of the amendments and reasons presented herein, withdrawal of the pending rejection is respectfully requested and allowance is earnestly solicited. Should a telephone conference expedite allowance of the application, the examiner is invited to call the undersigned.

Respectfully submitted,

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